

At 11 p.m.: pulse 180, respirations 56, temperature 99° F.; skin of hands sodden with sweat. Nails slate-blue tinge, complexion not so bad but rather bluish. On being asked to move his legs there was no response, and he could only produce a slight tremor in the fingers and the muscles of the arms. No muscular reflexes of limbs or abdomen at all. Sensation somewhat impaired in legs when asked if he could feel being touched, but sensation of position unimpaired. Not so thirsty. Speech more indistinct, but could swallow quite well. Mind still fairly clear, slight confusion at times. He did not think that he could recover. ? diaphragm paralysed.

At 3 a.m. on December 12th the patient died; attendants said that he got bluer and appeared to choke and asphyxiate. It was also reported that on washing him after death a blood-stained discharge from the penis was noticed. (I believe that this occurs after some cases of hanging or strangulation, and wonder whether it occurred in this case because of the asphyxia.)

I understand that the cause of Landry's paralysis is still unknown, and my patient had no history of any chill or other premonitory symptom except his old wound.—I am, etc.,

Colne, Lancs, Dec. 15th.

A. W. R. EARDLEY.

### Motor Car Insurance

SIR,—Adequate insurance against risks in connexion with the use of his motor car must always be a matter of importance to the medical practitioner. "Adequate" in this sense is intended to mean that the cover provided is greater than that usually considered necessary for ordinary private car insurances. For instance, in the case of medical men it is necessary that provision should be made against the loss of surgical and medical appliances that may be carried in the car, payment of medical expenses that may be incurred in connexion with personal injuries, etc. It is also important that claims settlements are made on a sympathetic and generous basis, and that the premiums charged are the lowest consistent with security and services required.

The Medical Insurance Agency, always mindful that its first function is to protect the interests of medical practitioners in matters of insurance, arranged in the year 1920 the Doctors' Special Policy, which is underwritten by a leading group of underwriters. This policy has given great and widespread satisfaction.

Previously, from the premiums quoted by the underwriters, the M.I.A. has granted a substantial rebate, thus reducing the cost to the doctor. It has, however, been suggested that misunderstanding exists as to the effect of this special rebate. After due deliberation the Committee of Management has decided, as from the beginning of 1937, to quote and to set out in the prospectus itself the net premiums for cars to be insured under the Doctors' Special Policy, increasing somewhat the rebate allowed. This has the effect of making the premiums the lowest that can be charged at the present time. Further advantage is that the underwriters have agreed to increase the rate of "no claim" bonuses where these are applicable. Where no claim has been made during the preceding year of insurance a bonus of 15 per cent. will be allowed off the renewal premium. Where no claim has been made during the two years immediately preceding the year of insurance the bonus will be at the rate of 20 per cent., and will continue at that rate so long as no claims are made.

When transfers are made from any other company or group of underwriters to the Doctors' Special Policy, and the insured would have been entitled to a "no claim" bonus, this is allowable under the Doctors' Policy. Further, a "no claim" bonus is not affected either by payment of emergency treatment expenses provided for

under the Road Traffic Acts or by the operation of any knock-for-knock agreement between underwriters and/or companies, if underwriters are satisfied that the third party involved was to blame for the accident.

The "conditions" attaching to the Doctors' Policy are capable of wide interpretation, often to the advantage of the insured doctor, as compared with some other contracts. Figures are difficult to handle in a letter; but, as an example, under the new arrangement the net premiums payable in respect of, say, a car of 12 h.p. up to a value of £300 will be as follows:

#### Comprehensive Policy

	£	s.	d.
Net premium ... ..	10	5	0
Where no claim has been made for one year	8	14	3
Where no claim has been made for two or more years	8	4	0

and proportionately for cars of lesser or greater horsepower. Morris and Ford cars are quoted at specially reduced rates. It is hoped by this method of charging to set out quite plainly the actual cost which will be payable in each case.—I am, etc.,

December 18th.

L. FERRIS-SCOTT.

### Dental Folklore: An Appeal for Material

SIR,—I should be glad if readers of the *British Medical Journal* would help me in collecting examples of dental folklore, folk cures, and customs. Under the influence of our sophisticated age many of these are dying out, and it seems a pity that what are left should not be preserved, as many of them have had a direct influence on professional history.

As examples of a few which still exist there is a common belief still current in many parts of the country that worms are the causative agent in dental caries. Again, charms and periapts against toothache still have a vogue. The ritual disposition of shed teeth is common. These may be burnt with salt or put into a mouse-hole, both of which methods are very old and have a wide distribution. The subject of "married man's toothache" is an interesting one, as it is considered that this is a debased remnant of that strange custom of the Couvade in which the father takes to his bed at the birth of his child and submits to certain taboos. There is possibly some relation between that belief and the idea which is fairly common that it is dangerous for a husband to have a tooth extracted during his wife's pregnancy.

The geographical distribution of these and other beliefs is an interesting study, and it is hoped that as much information as possible, either direct, from hearsay, or from early memories, will be forthcoming. Nothing is too simple to be of interest, and I should be extremely grateful for help.—I am, etc.,

B. R. TOWNEND,

Public Health Department,  
Wakefield, Dec. 15th.

Senior Dental Officer, West  
Riding County Council.

S. B. Pessin (*Arch. Int. Med.*, June, 1936, p. 1125) states that the fatality rate up to 1933 among 3,653 cases of tularaemia reported in the United States was 4.9 per cent. According to Francis only three States—namely, Connecticut, Maine, and Vermont—have not had any cases reported. The disease is prevalent in Japan and Russia, and has recently been reported in Canada, Norway, Sweden, and Finland. In England it has occurred only among laboratory workers. Necropsies have been performed in less than 10 per cent. of the fatal cases. Pessin's case, which is the twenty-second in the United States in which a necropsy has been performed, occurred in a man aged 55, and is perhaps the first case of tularaemic pneumonia associated with tularaemic pericarditis, ulcerative stomatitis, and ulcerative glossitis.